

RECEIVED  
CENTRAL FAX CENTER

JAN 30 2006

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 09/844,175  
Filing Date .... April 27, 2001  
Inventorship .... Warren M. Farnworth et al.  
Assignee .... Micron Technology, Inc.  
Group Art Unit .... 2829  
Examiner .... R. Kobert  
Customer No. .... 021567  
Confirmation No. .... 4157  
Attorney's Docket No. .... MI22-1703  
Title: Removable Electrical Interconnect Apparatuses and Removable Engagement Probes

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below:

1. Transmittal Form (PTO/SB/21) & Fee Transmittal (PTO/SB/17) in duplicate
2. Supplemental Information Disclosure Statement with Form PTO-1449
3. Response to 9/28/2005 Office Action
4. Terminal Disclaimer
5. Request for Extension of Time (1 mo.)
6. Interview Summary

Dated: 1/30/06By: 

Name Natalie King  
Telephone No. (509) 624-4776  
Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 30

s:\MI22\1703\FX4.wpd A27127614N

(Certificate of Facsimile Transmission -- Page 1 of 1)

JAN 30 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/844,175
		Filing Date	April 27, 2001
		First Named Inventor	Farnworth et al.
		Examiner Name	R. Kobert
		Art Unit	2829
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1130.00		Attorney Docket No.	MI22-1703

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>23-0925</u> Deposit Account Name: <u>Wells St. John, P.S.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
43 - 20 or HP = 2		2	50.00	100.00			
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
7 - 3 or HP = 3		3	200.00	600.00			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
- 100 =	/ 50 =	(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): IDS; Terminal Disclaimer; Req. for Ext.						\$430.00	

<b>SUBMITTED BY</b>		
Signature	Registration No. 39,833 (Attorney/Agent)	Telephone 509-824-4276
Name (Print/Type) James D. Shaurette		Date 1/27/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. .... 09/844,175  
Filing Date .... April 27, 2001  
Inventorship .... Warren M. Farnworth et al.  
Assignee .... Micron Technology, Inc.  
Group Art Unit .... 2858  
Examiner .... R. Kobert  
Attorney's Docket No. .... MI22-1703  
Title: Removable Electrical Interconnect Apparatuses and Removable Engagement Probes

To: Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

From: James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)  
Wells, St. John, P.S.  
601 W. First Avenue, Suite 1300  
Spokane, WA 99201-3828

## INTERVIEW SUMMARY

Sir:

Applicants wish to thank the Examiner for the courtesies extended to the undersigned during the telephone interview. The undersigned and the Examiner discussed the objection to the drawings and the claims as set forth on pages 2-3 of the Office Action. In particular, the undersigned discussed the distinctions between the transitional phrases "comprising" and "consisting of." The undersigned noted that the claims use the phrase "comprising" and accordingly are open ended as opposed to the closed scope afforded to claims which use "consisting of." It follows that the claims which recite "an apex" also cover or read on constructions including a plurality of apexes by use of the term

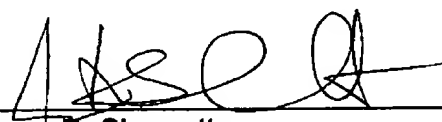
S:\MI22\1703\VS2.wpd A11461271447N

"comprising." Applicants' position was favorably received by the Examiner with respect to the claims and the drawings and the Examiner requested that Applicants submit a response which accompanies this interview summary. The response includes additional details of the interview.

The Examiner is requested to phone the undersigned if the Examiner believes such would facilitate prosecution of the present application. The undersigned is available for telephone consultation at any time during normal business hours (Pacific Time Zone).

Dated: 1/27/06

Respectfully submitted,

By:   
James D. Shaurette  
Reg. No. 39,833